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IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA  
SECOND APPELLATE DISTRICT  
DIVISION SEVEN

In re J.M. et al., Persons Coming  
Under the Juvenile Court Law.

LOS ANGELES COUNTY  
DEPARTMENT OF CHILDREN  
AND FAMILY SERVICES,

Plaintiff and Respondent,

v.

MARIA M.,

Defendant and Appellant.

B288110

(Los Angeles County  
Super. Ct. No. 17CCJP02204)

APPEAL from an order of the Superior Court of  
Los Angeles County, Brett Bianco, Judge. Affirmed.

Christine E. Johnson, under appointment by the Court of  
Appeal, for Defendant and Appellant.

Mary C. Wickham, County Counsel, Kristine P. Miles,  
Acting Assistant County Counsel, and Stephanie Jo Reagan,  
Principal Deputy County Counsel, for Plaintiff and Respondent.

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## INTRODUCTION

Maria M. appeals from the juvenile court's jurisdiction findings and disposition order declaring her daughters, then 15-year-old J.M. and 10-year-old Y.B., dependents of the court under Welfare and Institutions Code section 300, subdivisions (b)(1) and (j).<sup>1</sup> The juvenile court found Maria's emotional problems and mental illness, and her failure to take prescribed psychotropic medications consistently, rendered her unable to provide regular care for her children, endangered their physical health and safety, and placed them at risk of serious physical harm. Because substantial evidence supports the juvenile court's findings, we affirm.

## FACTUAL AND PROCEDURAL BACKGROUND

### A. *Prior Referrals*

J.M. and Y.B. are the youngest of Maria's seven children. Between August 1998 and April 2017 the Los Angeles County Department of Children and Family Services received seven referrals regarding Maria and her children. The referrals included allegations that in 2005 the children were underfed and did not attend school regularly and that in 2016 J.M. refused to live at home because Maria had bipolar disorder, was verbally and physically abusive, and kept J.M. out of school. The Department investigated each referral and determined it was either inconclusive or unfounded.

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<sup>1</sup> Statutory references are to the Welfare and Institutions Code.

B. *The Family's Current Circumstances*

1. *The July 2017 Referral*

In July 2017 the Department received a referral from the child abuse hotline claiming Maria was “emotionally unstable,” J.M. was “extremely parentified,” the family was living in “highly unsanitary conditions” (roach infestation, feces on the floor, urine in bottles, rotten food “everywhere”), and Maria was unable to parent her children because of her unresolved mental health issues. The anonymous reporting party stated that, according to J.M., Maria neglected her children’s needs and was unable to provide for them.

2. *Maria's Mental Health Issues and Failure To Comply with Treatment*

Maria had an eight-year history of failing to take prescribed psychotropic medications consistently for her bipolar disorder and failing to keep her appointments with mental health professionals. Against the advice of her treating professionals, Maria repeatedly stopped taking her medication for various reasons, including that she experienced unwanted side effects, her pastor told her “she shouldn’t be on medication,” her son said the medication was bad for her, and she decided to let God decide whether she should take the medication. Maria said she “had the right to not take her medication” and falsely told a Department social worker she was taking her prescribed medications regularly. She admitted, however, that when she did not take her prescribed medication she was irritable, frustrated, agitated, and unfocused, and had anger outbursts, felt hopeless, and had trouble getting up in the morning. She admitted that, without

medication, she was not able to manage her children. J.M. reported she had taken care of her younger sister, Y.B., for more than a year while the family was homeless because Maria did not take her medication and was “incapable” of caring for Y.B.

Peter Swanson, a psychiatric nurse practitioner, treated Maria for two years, until the juvenile court detained J.M. and Y.B. and Maria “fired” him. Swanson told the social worker Maria’s non-compliance with her medication protocol could cause her to make risky decisions and posed a risk she would neglect her children. Swanson stated, “Not being able to get [a] child to school in time and keeping an unorganized home could be related to her depressive episodes.” According to Swanson, when Maria was not medicated she was more likely to be “difficult” and manic, experience depression and mood swings, exhibit irritability, suffer decompensation, and require hospitalization. Swanson also stated Maria “lacks the insight as to why she needs to take her psychotropic medication.”

### 3. *The Children’s Educational Issues*

J.M. and Y.B. were frequently tardy to or absent from school. J.M. had attended only one week of school at the beginning of the 2017-2018 academic year. In November she enrolled at a new school, but never attended classes. By the time of the jurisdiction hearing in February 2018, J.M. had not attended school for several months. Maria told the social worker J.M. “was not motivated and it was hard to get her to want to go to school.”

Y.B. had missed multiple days of school and was excessively tardy. She resisted getting up in the morning, yelled, and threw things. Maria was unable to manage Y.B.’s behavior

and told the social worker, “I know I am the parent but she just doesn’t want to wake up.” Maria said she was trying to get medication for Y.B.’s sleep problems. As of January 2018, Y.B. had been late to school 44 times. When Y.B. did attend school, she arrived late and hungry, and Maria did not pick her up on time after school. A school district employee said Maria “tried to talk the school into letting [Y.B.] walk to [and from] school,” a practice the school district believed was unsafe. Y.B. had an individualized education plan which, according to her teacher, would not be necessary if Y.B. attended school regularly. The teacher also told the social worker, “The reality is that she cannot make up all the lost time.” School employees were repeatedly unable to reach Maria, who never answered her cell phone and failed to attend a meeting to address Y.B.’s school attendance issues. The school district notified the district attorney’s office that Y.B. was habitually truant. Maria admitted Y.B. was frequently tardy. She told the social worker, “Yes, she’s always late, but she’s still there every day.”

#### 4. *Unsanitary Conditions in the Family Home*

After the Department received the July 2017 referral, but before a Department social worker could visit the home, the family was evicted and moved to a new apartment. The social worker visited the family’s new home several times. On the first visit, which the social worker arranged in advance with Maria, the apartment was “very clean and tidy” with “no signs of trash, mold, roaches, food, urine, or feces.” During a follow-up visit one month later, however, the social worker observed clothing strewn about the apartment, the remains of edible seeds on the floor, dirty dishes piled in the kitchen sink and in the bedrooms, and

“piles of miscellaneous items throughout the home.” A few weeks later, the social worker visited again and found the family’s apartment was “relatively clean,” but newspapers lined the floor because the family had run out of puppy training pads for the dogs.

Maria admitted she and the children had “trashed” their previous apartment because they were angry with the landlord. She denied there were feces on the floor, but admitted Y.B. “occasionally pee[d] in water bottles because she cannot hold it long enough when their single bathroom is occupied.” J.M. and Y.B. both denied their former home had ever been unsanitary, although J.M. admitted it was “slightly messy” when the family left. Y.B. said the family’s home was “mostly always” clean and tidy. She preferred it messy; she did not feel comfortable when it was too clean.

##### 5. *The Children’s Unmet Physical and Medical Needs*

Although J.M. and Y.B. were current with their annual physicals and immunizations, Maria had not attended to the children’s other serious physical and medical needs. One month before the July 2017 referral, J.M.’s physician ordered an x-ray of J.M.’s ankle because of a possible fracture. More than six months later, Maria had not arranged for the x-ray and had not followed up in four to six weeks as J.M.’s physician had instructed.

Y.B. was anemic, and her physician was concerned about Y.B.’s “morbid obesity.” The physician prescribed portion control, exercise, and healthy living classes. Six months later, the physician reported that Maria and Y.B. were “noncompliant,” and

Maria did not follow up in a month as the physician had instructed.

6. *Maria's Resistance to the Department's Assistance*

The social worker made several unannounced visits to the family's home and, although the social worker could hear someone inside the apartment, no one answered the door. On one occasion, J.M. was home with an aunt and opened the door, but Maria was not home. Maria subsequently called the social worker and accused her of harassing the family.

In November 2017 Maria agreed to a voluntary family maintenance plan because she admitted "she ha[d] been having a lot of trouble with both the girls' schools." Maria told the social worker, "[J.M.] is likely going to have to pull out of the program she is currently in because of the distance and how many sessions she has been missing or been late to [and Y.B.] has so many tardies because it is impossible to wake her up in the morning." But then Maria changed her mind. She said it was confusing to have so many social workers "coming in and out of [the children's] lives," and the only counselor her daughters needed was the one they had in heaven. Maria considered the Department's efforts "unethical" because "the referral had come in for the dirty home and [the social worker] had concerns outside of that." But then Maria changed her mind again, stating she would consider voluntary family maintenance, but only for one or two months, not six months. When the social worker told Maria the Department had decided to file a non-detain petition, Maria said her children were not abused and she had a right to not take her medication.

C. *The Jurisdiction and Disposition Hearing*

Maria was present with counsel at the jurisdiction and disposition hearing. Counsel for the Department, joined by counsel for the children, argued there was sufficient evidence to sustain the petition. Counsel for the children advised the court that J.M. and Y.B. were doing well in Maria's care and that J.M. found conjoint therapy with Maria extremely helpful and wanted it to continue.

The juvenile court declared Y.B. and J.M. dependents of the court under section 300, subdivisions (b)(1) and (j), and placed them with Maria under a case plan requiring, among other things, that Maria "take all prescribed psychotropic medications." The court also referred Y.B. to a doctor for her sleep issues. Maria timely appealed from the jurisdiction findings and disposition order, but she does not challenge the disposition order.<sup>2</sup>

## DISCUSSION

A. *Standard of Review*

"In reviewing the jurisdictional findings . . . we look to see if substantial evidence, contradicted or uncontradicted, supports them. [Citation.] In making this determination, we draw all reasonable inferences from the evidence to support the findings and orders of the dependency court; we review the record in the light most favorable to the court's determinations; and we note that issues of fact and credibility are the province of the trial

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<sup>2</sup> J.M.'s father received notice of the jurisdiction and disposition hearing, but did not appear in the juvenile court and is not a party to this appeal. Y.B.'s father is deceased.

court.” (*In re R.T.* (2017) 3 Cal.5th 622, 633; see *In re D.L.* (2018) 22 Cal.App.5th 1142, 1146.) ““We do not reweigh the evidence or exercise independent judgment, but merely determine if there are sufficient facts to support the findings of the trial court. [Citations.] “[T]he [appellate] court must review the whole record in the light most favorable to the judgment below to determine whether it discloses substantial evidence . . . such that a reasonable trier of fact could find [that the order is appropriate.””” (*In re I.J.* (2013) 56 Cal.4th 766, 773; accord, *In re D.L.*, at p. 1146.) It is the appellant’s burden to show there is no substantial evidence to support the juvenile court’s jurisdiction findings. (*In re D.B.* (2018) 26 Cal.App.5th 320, 328-329; *In re Travis C.* (2017) 13 Cal.App.5th 1219, 1225.)

B. *Substantial Evidence Supports the Juvenile Court’s Jurisdiction Findings*

Section 300, subdivision (b)(1), authorizes juvenile court jurisdiction if a child “has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness, as a result of . . . the inability of the parent . . . to provide regular care for the child due to the parent’s . . . mental illness . . . .” The Department must show by a preponderance of the evidence “(1) one or more of the statutorily-specified omissions in providing care for the child (inability to protect or supervise the child, the failure of the parent to provide the child with adequate food, clothing, shelter, or medical treatment, or inability to provide regular care for the child due to mental illness, developmental disability or substance abuse); (2) causation; and (3) ‘serious physical harm or illness’ to the minor, or a ‘substantial risk’ of such harm or illness.” (*In re Joaquin C.* (2017) 15 Cal.App.5th

537, 561; see *In re R.T.*, *supra*, 3 Cal.5th at p. 624 [“the first clause of section 300(b)(1) authorizes dependency jurisdiction without a finding that a parent is at fault or blameworthy for her failure or inability to supervise or protect her child”]; *In re I.J.*, *supra*, 56 Cal.4th at p. 773 [“[t]he Department has the burden of proving by a preponderance of the evidence that the children are dependents of the court under section 300”].) ““The third element . . . effectively requires a showing that at the time of the jurisdictional hearing the child is at substantial risk of serious physical harm in the future . . . .” [Citation.] Evidence of past conduct may be probative of current conditions.” (*In re D.L.*, *supra*, 22 Cal.App.5th at p. 1146, italics omitted; see *In re Kadence P.* (2015) 241 Cal.App.4th 1376, 1383 [“[t]he court may consider past events in deciding whether a child currently needs the court’s protection”].) “The [juvenile] court need not wait until a child is seriously abused or injured to assume jurisdiction and take steps necessary to protect the child.” (*In re I.J.*, at p. 773; see *In re Yolanda L.* (2017) 7 Cal.App.5th 987, 993 [“[t]he juvenile court need not wait until a child is seriously injured to assume jurisdiction if there is evidence that the child is at risk of future harm from the parent’s negligent conduct”]; *In re Christopher R.* (2014) 225 Cal.App.4th 1210, 1216 [same].)

Maria acknowledges that she has a bipolar disorder diagnosis and other mental health challenges and that she does not consistently take her prescribed medication. She argues, however, there was no substantial evidence to support the juvenile court’s finding that her daughters had suffered, or were at substantial risk of suffering, serious physical harm because of her mental health issues.

But there was. Maria had a long history of not consistently taking her prescribed psychotropic medication, even though she admitted that, without the medication, she was unable to manage and care for her children. She continued to treat her mental illness inconsistently and failed to keep regular appointments with mental health professionals, even during the pendency of the juvenile court proceedings. She did not understand the importance of, and the need to take, her prescribed medication, acted according to her assessment of her needs even when contrary to professional advice, and purported to “fire” the psychiatric nurse practitioner who was treating her. Rather than follow the recommendations of her treating professionals, she let her pastor, her son, and her personal beliefs dictate whether she would take her medication. And she resisted the Department’s attempts to help her and her family. Because of her failure to treat her mental health issues, Maria was unable to maintain a clean and stable home, keep her children in school, and communicate and cooperate with school officials.

Maria also failed to address her daughters’ serious physical and medical needs. Y.B. was anemic and obese. Maria failed to follow the advice of Y.B.’s physician and enroll Y.B. in healthy living classes, ignored directions to bring Y.B. to a follow-up appointment, and did not follow the physician’s advice to develop healthy eating habits for Y.B. Instead, Maria sent Y.B. to school hungry. And, although Maria may have had good intentions, she never arranged for Y.B. to receive appropriate care for her sleep issues. Meanwhile, J.M. went without a diagnostic test and follow-up treatment for a possible ankle fracture.

Maria argues the Department never connected her mental illness with any actual, or risk of, physical harm to J.M. or Y.B. She describes Swanson’s assessment of the potential risk to her daughters as “speculative at best.” The record, however, showed that when Maria did not take her medication as directed she was depressed, became irritable, had low energy, exhibited risky decisionmaking, experienced unstable moods, and showed signs of decompensation,<sup>3</sup> all of which posed an unreasonable risk Maria would neglect or endanger J.M. and Y.B. Substantial evidence supported the juvenile court’s findings that Maria’s inability to provide regular care for J.M. and Y.B. created a substantial risk they would suffer serious physical harm. (See *In re Travis C.*, *supra*, 13 Cal.App.5th at p. 1226 [substantial evidence supported the juvenile court’s jurisdiction findings where the mother’s failure to treat her mental illness exposed her children to a substantial risk of serious physical harm]; cf. *In re A.L.* (2017) 18 Cal.App.5th 1044, 1051 [substantial evidence did not support the juvenile court’s jurisdiction findings where, even though the mother stopped taking medication for her mental illness, the evidence showed only one isolated physical incident, there were no injuries, and the family took immediate steps to resolve the problem]; *In re A.G.* (2013) 220 Cal.App.4th 675, 684 [substantial evidence did not support the juvenile court’s jurisdiction findings where the mother’s mental illness negatively

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<sup>3</sup> “Decompensation is the destabilization of a person suffering from chronic psychotic illness.” (*People v. Vance* (2006) 141 Cal.App.4th 1104, 1109, fn. 2; see Dorland’s Illustrated Medical Dict. (28th ed. 1994) p. 432 [“[d]ecompensation’ means ‘in psychiatry, failure of defense mechanisms resulting in progressive personality disintegration’”].)

impacted her ability to care for the children, but the father had an unquestioned ability to protect and care for them].)

The cases Maria cites where the court found substantial evidence did not support dependency jurisdiction are distinguishable. For example, in *In re David M.* (2005) 134 Cal.App.4th 822, disapproved on another ground in *In re R.T.*, *supra*, 3 Cal.5th 622, the “evidence was uncontradicted that [the child] was healthy, well cared for, and loved, and that mother and father were raising him in a clean, tidy home. Whatever mother’s and father’s mental problems might be, there was no evidence those problems impacted their ability to provide a decent home for [the child].” (*In re David M.*, at p. 830.) In *In re Janet T.* (2001) 93 Cal.App.4th 377, where the Department alleged the mother’s mental health issues affected her ability to ensure her children attended school, there were “no facts alleged, or suggested by the supporting documentary evidence, to indicate mother’s failure to ensure the children’s regular school attendance subjected the children to physical injury or illness, serious or otherwise.” (*Id.* at p. 388.) And in *In re Matthew S.* (1996) 41 Cal.App.4th 1311, where the mother also suffered from mental illness, there was no evidence of neglect, the mother voluntarily participated in extensive therapy for many years, and the children consistently expressed no fear of their mother, whom the court described as an “excellent mother.” (*Id.* at p. 1319.)

Here, there was substantial evidence Maria’s mental illness impacted her ability to care for J.M. and Y.B. Maria refused or participated inconsistently in therapy and did not always take her prescribed medication. Maria’s failure to ensure J.M. and Y.B. regularly attended school was only one of the many manifestations of Maria’s inability to provide regular care due to

her mental illness. There was substantial evidence that, due to Maria's failure to consistently treat her mental illness, she was unable to attend to her children's physical, medical, educational, and home environment needs.

Finally, Maria asserts the juvenile court ignored the children's personal opinions that they were safe in her care. The record does not support that assertion. The juvenile court stated it had read and considered all the evidence, which included statements by J.M. and Y.B. to the social worker that they felt safe with Maria, and counsel for the children emphasized this evidence at the jurisdiction hearing.<sup>4</sup>

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<sup>4</sup> Because substantial evidence supported the juvenile court's jurisdiction findings under section 300, subdivision (b)(1), we need not consider whether substantial evidence also supported jurisdiction under section 300, subdivision (j). (See *In re I.J.*, *supra*, 56 Cal.4th at p. 773 [“[w]hen a dependency petition alleges multiple grounds for its assertion that a minor comes within the dependency court's jurisdiction, a reviewing court can affirm the juvenile court's finding of jurisdiction over the minor if any one of the statutory bases for jurisdiction that are enumerated in the petition is supported by substantial evidence”]; *In re Travis C.*, *supra*, 13 Cal.App.5th at p. 1224 [“we need only find substantial evidence to support any one statutory basis for jurisdiction to affirm the juvenile court's jurisdictional finding”]; *In re I.A.* (2011) 201 Cal.App.4th 1484, 1492 [“an appellate court may decline to address the evidentiary support for any remaining jurisdictional findings once a single finding has been found to be supported by the evidence”].)

## **DISPOSITION**

The juvenile court's jurisdiction findings and disposition order are affirmed.

SEGAL, J.

We concur:

PERLUSS, P. J.

FEUER, J.